



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
DIVISION OF VOCATIONAL REHABILITATION
SUPPORTED EMPLOYMENT IPE ADDENDUM
INDIVIDUAL PLACEMENT MODEL

Client Name:

Your Individualized Plan for Employment (IPE) involves a Supported Employment Program. This program is intended to assist you in becoming employed by provision of services from:

Name of Supported Employment Service Provider (SESP)

Your program will involve the services of a Division of Vocational Rehabilitation (DVR) counselor, Supported Employment Service Provider (SESP), extended service provider, and a job coach. DVR will purchase the services of a job coach from the SESP up to nine months or until you need a job coach only 25% of the time, whichever occurs first. At that point in time, the SESP and the extended service provider have agreed to continue supported employment services to enable you to maintain competitive employment after DVR funding ends. Satisfactory progress must be documented throughout your supported employment training or training may be terminated.

SESP is Responsible for the Following:

- A. Arranging funds for long-term support services from an extended service provider to assist you in maintaining employment after DVR funding stops.
- B. Identify and address the natural supports needed to assist you in employment.
- C. Develop a natural supports plan.
- D. Providing progress reports to DVA and the extended service provider through your training plan.
- E. SESP will implement job coach fading within the first three months of training.
- F. Provide a description of the expected extended services needed to DVR and the extended service provider.

Extended Service Provider:

- ☐ The SESP has identified the Extended Service Provider as
- ☐ The SESP has provided DVR with a statement explaining that there is a reasonable expectation that extended services

Progress Evaluation for Attaining Objective(s)

1. Criteria to be Used

- | | |
|---|---|
| a. Fading of job coaching | h. Good attendance and punctuality |
| b. Quality and quantity of work | i. Positive work attitude and work behavior |
| c. Number of hours worked each week | j. Daily living skills |
| d. Development of natural supports | k. Communication and cooperation |
| e. Employer satisfaction | l. Responsibility and concentration |
| f. Appropriateness of job placement | m. Work productivity and tolerance |
| g. The extended service provider and funding source | |

2. Procedure-Method of Evaluation

- a. Review monthly progress reports
- b. Ongoing staffing with Supported Employment Service Provider (SESP), job coach, extended service provider, employer, parent or guardian (if appropriate) and yourself.
- c. Other

3. Schedule for Periodic Reviews

- ☐ Monthly ☐ Other

**I UNDERSTAND MY FAILURE TO COMPLY WITH THE ABOVE RESPONSIBILITIES
MAY RESULT IN THE TERMINATION OF VOCATIONAL REHABILITATION SERVICES.**

Client, Parent or Guardian

Date

VR Counselor

Date

SESP Representative

Date

DMH Case Manager (If Applicable)

Date

THIS IS A SAMPLE